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					TOTAL DESIGNATION AND ADDRESS OF THE PARTY O		(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	MANAGE THE STATE OF THE STATE O	ATTOR	NEY DOCKET NO.	CONFIRMATION NO.
10/564,284	284 03/14/2006		Irene Tatischeff	0512-1317		0512-1317	7547
TITLE OF INVENTION: MOLECULE OF INTERI			-PATHOGENIC AMOEB	AE USEFUL AS	VEHIC	LE FOR TRANSFE	RRING A
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E PEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	03/24/2010
EXAMINER		ART UNIT	CLASS-SUECLASS				
O HARA. EILEEN B		1638	424-001110				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. I "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
PLEASE NOTE: Unite recordation as set forth (A) NAME OF ASSIG	ss an assignee is identi in 37 CFR 3.11. Comp NEE	fied below, no assignee letion of this form is NO	THE PATENT (print or typ data will appear on the pa T a substitute for filing an a (B) RESIDENCE: (CITY	tent. If an assign ssignment. and STATE OR C	TINIJO	₹Y)	ocument has been filed for
Universite F	ierre et Ma	rie Curie-Pa	aris VI	Paris,	Fran	ce	
Please check the appropris	ite assignee category or	categories (will not be pr	inted on the patent): 🚨	Individual 🔯 Co	erporatio	n or other private gro	oup entity 🚨 Government
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a. Applicant claims			h. Applicant is no long				
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Authorized Signature	Benoil	Castel		Date <u>Matro</u>	h 24	, 2010	
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submitting the completed	application form to the ns for reducing this bur ginia 22313-1450. DO 3-1450.	USPTO. Time will vary den, should be sent to the NOT SEND FEES OR (nt is required to obtain or re 1.14. This collection is esti depending upon the indivi- s Chief Information Office; COMPLETED FORMS TO	duai case. Any <i>c</i> o	mments	on the amount of tir	ne vou require to complete